

**BALL STATE UNIVERSITY
OFFICE OF SCHOLARSHIPS AND FINANCIAL AID
LUCINA HALL 245
MUNCIE IN 47306**

?Office Operator: (765) 285-5600 ?1-800-227-4017

2011-12

PLEASE PRINT
STUDENT NAME: _____ BSU ID# _____

Child or Elder Care

If you will have child care or elder care expenses during the 2011-12 academic year while you are involved in educational activities like attending class, studying or commuting, provide the monthly amount paid and other information requested below. Only report the amounts that are out-of-pocket after any portion paid by an outside agency. Do not report child support paid out.

Name _____ Age _____ Relationship to student _____

Monthly Amount \$ _____

Name _____ Age _____ Relationship to student _____

Monthly Amount \$ _____

Name _____ Age _____ Relationship to student _____

Monthly Amount \$ _____

The information you have provided will be reviewed, and if approved, the total amount approved will be added to your budget. If you have not borrowed the maximum amount for which you are eligible from the subsidized and unsubsidized Federal Stafford Loan programs, your eligibility will be increased and you will be notified.

I certify that the information provided is complete and accurate.

Student's signature: _____ Date _____